

13 AUG 1980

MEMORANDUM FOR: Deputy Director of Security for Community Affairs

25X1A FROM:

[REDACTED]
Chief, Administrative Staff, OS

SUBJECT: Space and Equipment Requirements for
Planning Move to [REDACTED] Bldg.

25X1A

25X1A 1. The Office of Security (except for a few components) will be moved to the [REDACTED] Building circa March 1982. To assist the Office of Security's Relocation Task Force in planning an orderly and expeditious move to the [REDACTED] Building, you are requested to provide pertinent information, relative to your space, furniture and equipment requirements.

25X1A

2. Attached you will find a sample and blank copies of "Report of Space Requirements" and "Report of Equipment Requirements" for compiling and submitting data required for the move.

3. Requirements for other than standard office furniture need a brief justification and an indication of criticality (essential, beneficial, nice-to-have). It is especially important that we obtain requirements now for long lead time items such as data links, data terminals, and special communications links. Black and Gray/Green telephone requirements are not covered by these reports but will be covered at a later date.

4. Please return the completed forms by 26 September 1980. Your cooperation in this survey is appreciated. If you have any questions or need for assistance in developing and defining your requirements contact the OS/Logistics Branch

25X1A [REDACTED]

[REDACTED]

25X1A

INSTRUCTIONS FOR COMPILING

AND SUBMITTING DATA

DEFINITION OF TERMS

"Report of Space Requirements"

A. Column 2

Organization Element Name and Structure

Indicate organization levels such as Office, Division, Branch, Section, Unit.

Position Title Name

Indicate name of room enclosure by position title such as Chief, Deputy, Executive Officer, Administrative Assistant, Secretaries, Reception. Show GS ratings from 15 and up.

Room Enclosure Function Name

Identify name of room enclosure by function performed, and security classification, if any, such as conference room, reproduction room, secure file room, laboratory, briefing room, vault storage room, registry, reception room, machine room, etc.

B. Column 3

Number of People in each Room Enclosure

Indicate the number of people expected to work in each room as defined.

C. Columns 4 - 10

Standard Furnishings and Special Furnishings in each Room Enclosure

Indicate in columns 4 - 9, by number, the amount of standard furnishings in each room enclosure. Indicate in column 10, by number and description, the amount of special furnishings in each room enclosure.

D. Column 11

Remarks

~~Indicate in this column any clarifying explanatory items and cross reference the entries to the Equipment Requirements Form by citing the line item numbers.~~
Indicate in this column any clarifying explanatory items and cross reference the entries to the Equipment Requirements Form by citing the line item numbers.

"Report of Equipment Requirements"

A. Column 2

Organization Element Name, Position Title Name, or Room Enclosure Function Name

Indicate the appropriately cross referenced descriptive title above for each room enclosure housing special equipment. List each piece of special equipment under each room.

B. Columns 3 thru 7

Equipment

Indicate quantity, size and weight of special equipment.

C. Column 8

Remarks

Provide a brief description of the special use area, i.e., photographic dark room for use by section.

ILLUSTRATIVE EXAMPLES

Samples "A" and "A-1"

Completed "Report of Space Requirements" Form

Sample "B"

Completed "Report of Equipment Requirements" Form

MATERIALS

Each participating component will be provided with "Report of Space Requirements" Forms, "Report of Equipment Requirements" Forms, Illustrative Examples indicated above, and this set of instructions for implementing the project.

☐ UNCLASSIFIED ☐ INTERNAL ☐ CONFIDENTIAL ☐ SECRET

Approved For Release 2003/02/27 : CIA-RDP82M00591R000200050009-7

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

25X1A

FROM: OS/Logistics
4E-70, Headquarters

EXTENSION

NO.

DATE

25X1A

13 August 1980

TO: (Officer designation, room number, and building)

DATE

OFFICER'S
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

1. DD/CA
3E-05, Hdqs.

8/14/80

1. Please complete the following forms for your immediate office area. group (4 C requirements) over at SSC have recieved separate forms.

2. OS/Logistics
4E-70, Hdqs.

3.

4.

5.

6.

7.

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9.

10.

11.

12.

13.

14.

15.